

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Puerto Rico

Case number (if known): _____

Chapter you are filing under:

☐

Chapter 7

☒

Chapter 11

☐

Chapter 12

☐

Chapter 13

☐

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

JOSE

First name

LUIS

Middle name

REYES AYALA

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

CHIARELIS

First name

Middle name

RIVAS TORRES

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

DBA/JOSE L REYES AYALA

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 7 2 0

OR

9xx - xx -

xxx - xx - 8 6 7 4

OR

9xx - xx -

Debtor 1
Debtor 2

**JOSE
CHIARELIS**

First Name

LUIS

Middle Name

**REYES AYALA
RIVAS TORRES**

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

BO CAGUITAS CENTRO

Number Street

CARR 156 KM 53.6

Aguas Buenas, PR 00703

City State ZIP Code

Aguas Buenas

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Po Box 9535

P.O. Box

Caguas, PR 00726-9535

City State ZIP Code

If Debtor 2 lives at a different address:

PO Box 9535

Number Street

Caguas, PR 00726

City State ZIP Code

Caguas

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1
Debtor 2

JOSE
CHIARELIS

First Name

LUIS

Middle Name

REYES AYALA
RIVAS TORRES

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2

**JOSE
CHIARELIS**

First Name

LUIS

Middle Name

**REYES AYALA
RIVAS TORRES**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☐ No. Go to Part 4.
☒ Yes. Name and location of business

DBA/JOSE L REYES AYALA

Name of business, if any

PO Box 9535

Number Street

CAGUAS

City

PR

State

00726

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☒ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2

**JOSE
CHIARELIS**

First Name

LUIS

Middle Name

**REYES AYALA
RIVAS TORRES**

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1
Debtor 2

**JOSE
CHIARELIS**

First Name

LUIS

Middle Name

**REYES AYALA
RIVAS TORRES**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

JOSE
CHIARELIS

First Name

LUIS

Middle Name

REYES AYALA
RIVAS TORRES

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ JOSE LUIS REYES AYALA

JOSE LUIS REYES AYALA, Debtor 1

Executed on **10/24/2024**

MM/ DD/ YYYY

X /s/ CHIARELIS RIVAS TORRES

CHIARELIS RIVAS TORRES, Debtor 2

Executed on **10/24/2024**

MM/ DD/ YYYY

Debtor 1
Debtor 2

**JOSE
CHIARELIS**

First Name

LUIS

Middle Name

**REYES AYALA
RIVAS TORRES**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one**

**If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Jesus Enrique Batista Sanchez

Signature of Attorney for Debtor

Date **10/24/2024**

MM / DD / YYYY

Jesus Enrique Batista Sanchez

Printed name

The Batista Law Group, PSC

Firm name

239 Ave Arterial Hostos Ste 206

Number Street

Capital Center Building

San Juan

City

PR

State

00918-1475

ZIP Code

Contact phone **(787) 620-2856**

Email address **jeb@batistasanchez.com**

USDC No. 227014

Bar number

PR

State

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO
HATO REY DIVISION

IN RE: REYES AYALA, JOSE LUIS
RIVAS TORRES, CHIARELIS

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/24/2024 Signature /s/ JOSE LUIS REYES AYALA
JOSE LUIS REYES AYALA, Debtor

Date 10/24/2024 Signature /s/ CHIARELIS RIVAS TORRES
CHIARELIS RIVAS TORRES, Joint Debtor

AMAZON
Po Box 1270
Newark, NJ 07101-1270

AMERICAN EXPRESS
PO Box 6031
Carol Stream, IL 60197-6031

AMERICAN EXPRESS
PO Box 1270
Newark, NJ 07101

BANCO POPULAR
PO Box 70100
San Juan, PR 00936

BANCO POPULAR DE PR
Po Box 362708
San Juan, PR 00936-2708

BANK OF AMERICA
PO Box 15284
Wilmington, DE 19850

BBY/CBNA
PO Box 790441
Saint Louis, MO 63179

CELTIC BANK
268 S State St Ste 300
Salt Lake Cty, UT 84111-5314

CESC-COVID EIDL SERVICE
CENTER
14925 KINGSPORT RD
Fort Worth, TX 76155

CITI
Po Box 6286
Sioux Falls, SD 57117-6286

DISCOVER BANK
PO Box 30939
Salt Lake City, UT 84130

First Bank
PO Box 9146
San Juan, PR 00908-0146

FIRSTBANK
Po Box 9146
San Juan, PR 00908-0146

GENERAL EQUIPMENT
FINANCIAL
602 Ave Fernandez Juncos Apt 2203
San Juan, PR 00907-3174

INTERNAL REVENUE SERVICE
PO Box 7346
Philadelphia, PA 19101

LUMA ENERGY
PO Box 363508
San Juan, PR 00936

ORIENTAL BANK
Po Box 364745
San Juan, PR 00936-4745

PAYPAL
PO Box 71718
Philadelphia, PA 19176-1718

PENTAGON FEDERAL CREDIT
UNION
PO Box456
Alexandria, VA 22313

POPULAR AUTO
PO Box 50045
San Juan, PR 00902

POPULAR AUTO
Po Box 70370
San Juan, PR 00936-8370

POPULAR MORTGAGE
Po Box 362708
San Juan, PR 00936-2708

SMALL BUSINESS
ADMINISTRATION
273 Ave Ponce De Leon Ste 510
San Juan, PR 00917-1937

SUNNOVA ENERGY
20 GREENWAY PLAZA SUITE 350
Houston, TX 77046

SYNCHRONY BANK
ATTN: BANKRUPTCY DEPT.
PO Box 965064
Orlando, FL 32896-5064

THD/CBNA
HOME DEPOT
P.O. Box 7032
Sioux Falls, SD 57117-7032

Certificate Number: 12459-PR-CC-038784755



12459-PR-CC-038784755

CERTIFICATE OF COUNSELING

I CERTIFY that on August 20, 2024, at 5:06 o'clock AM PDT, Jose Luis Reyes received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 20, 2024 By: /s/Kimberly Botello-Almaguer

Name: Kimberly Botello-Almaguer

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 12459-PR-CC-038784756



12459-PR-CC-038784756

CERTIFICATE OF COUNSELING

I CERTIFY that on August 20, 2024, at 5:06 o'clock AM PDT, Chiarelis Rivas received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 20, 2024 By: /s/Kimberly Botello-Almaguer

Name: Kimberly Botello-Almaguer

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	JOSE	LUIS	REYES AYALA
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CHIARELIS		RIVAS TORRES
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Puerto Rico			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	POPULAR MORTGAGE Creditor's Name Po Box 362708 Number Street San Juan, PR 00936-2708 City State ZIP Code Contact Contact phone	\$137,264.00 What is the nature of the claim? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$137,264.00 Value of security: \$0.00 Unsecured \$137,264.00
2	SMALL BUSINESS ADMINISTRATION Creditor's Name 273 Ave Ponce De Leon Ste 510 Number Street San Juan, PR 00917-1937 City State ZIP Code Contact Contact phone	\$79,200.00 What is the nature of the claim? PERSONAL LOAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: Unsecured

Debtor 1 **JOSE** **LUIS** **REYES AYALA** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **CHIARELIS** **RIVAS TORRES**
 First Name Middle Name Last Name

Unsecured claim

3	FIRSTBANK Creditor's Name Po Box 9146 Number Street San Juan, PR 00908-0146 City State ZIP Code Contact Contact phone	What is the nature of the claim? LEASE As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$40,101.28 Value of security: \$10,000.00 Unsecured \$30,101.28	\$30,101.28
4	INTERNAL REVENUE SERVICE Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101 City State ZIP Code Contact Contact phone	What is the nature of the claim? Taxes or Penalties Owed to Governmental Units As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$31,533.19 Value of security: \$0.00 Unsecured \$31,533.19	\$31,533.19
5	POPULAR AUTO Creditor's Name Po Box 70370 Number Street San Juan, PR 00936-8370 City State ZIP Code Contact Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$29,760.00 Value of security: \$1.00 Unsecured \$29,759.00	\$29,759.00

Debtor 1 **JOSE** **LUIS** **REYES AYALA** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **CHIARELIS** **RIVAS TORRES**
 First Name Middle Name Last Name

Unsecured claim

6	POPULAR AUTO Creditor's Name PO Box 50045 Number Street San Juan, PR 00902 City State ZIP Code Contact Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$19,015.08 Value of security: \$14,000.00 Unsecured \$5,015.08	\$5,015.08
7	GENERAL EQUIPMENT FINANCIAL Creditor's Name 602 Ave Fernandez Juncos Apt 2203 Number Street San Juan, PR 00907-3174 City State ZIP Code Contact Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$11,287.49 Value of security: \$0.00 Unsecured \$11,287.49	\$11,287.49
8	DISCOVER BANK Creditor's Name PO Box 30939 Number Street Salt Lake City, UT 84130 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$8,391.00
9	BANCO POPULAR DE PR Creditor's Name Po Box 362708 Number Street San Juan, PR 00936-2708 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$7,202.00

Debtor 1	JOSE	LUIS	REYES AYALA	Case number (if known) _____
	First Name	Middle Name	Last Name	
Debtor 2	CHIARELIS		RIVAS TORRES	
	First Name	Middle Name	Last Name	

Unsecured claim

10	CELTIC BANK <hr/> Creditor's Name 268 S State St Ste 300 <hr/> Number Street <hr/> Salt Lake Cty, UT 84111-5314 <hr/> City State ZIP Code <hr/> Contact <hr/> Contact phone <hr/>	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$6,714.00
11	SYNCHRONY BANK <hr/> Creditor's Name ATTN: BANKRUPTCY DEPT. <hr/> PO Box 965064 <hr/> Number Street <hr/> Orlando, FL 32896-5064 <hr/> City State ZIP Code <hr/> Contact <hr/> Contact phone <hr/>	What is the nature of the claim? <u>Credit Card - NETWRK</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$6,448.00
12	AMERICAN EXPRESS <hr/> Creditor's Name PO Box 6031 <hr/> Number Street <hr/> Carol Stream, IL 60197-6031 <hr/> City State ZIP Code <hr/> Contact <hr/> Contact phone <hr/>	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$6,085.00
13	SYNCHRONY BANK <hr/> Creditor's Name ATTN: BANKRUPTCY DEPT. <hr/> PO Box 965064 <hr/> Number Street <hr/> Orlando, FL 32896-5064 <hr/> City State ZIP Code <hr/> Contact <hr/> Contact phone <hr/>	What is the nature of the claim? <u>Credit Card - CARE CREDIT</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$5,952.00

Debtor 1 **JOSE** **LUIS** **REYES AYALA** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **CHIARELIS** **RIVAS TORRES**
 First Name Middle Name Last Name

Unsecured claim

14	AMERICAN EXPRESS Creditor's Name PO Box 1270 Number Street Newark, NJ 07101 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$5,180.00
15	BANK OF AMERICA Creditor's Name PO Box 15284 Number Street Wilmington, DE 19850 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$5,082.00
16	CITI Creditor's Name Po Box 6286 Number Street Sioux Falls, SD 57117-6286 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$4,098.00
17	BANK OF AMERICA Creditor's Name PO Box 15284 Number Street Wilmington, DE 19850 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$3,950.00

Debtor 1 **JOSE** **LUIS** **REYES AYALA** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **CHIARELIS** **RIVAS TORRES**
 First Name Middle Name Last Name

Unsecured claim

18	AMERICAN EXPRESS Creditor's Name PO Box 6031 Number Street Carol Stream, IL 60197-6031 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$3,461.00
19	SYNCHRONY BANK Creditor's Name ATTN: BANKRUPTCY DEPT. PO Box 965064 Number Street Orlando, FL 32896-5064 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card - NETWRK As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$3,313.00
20	AMAZON Creditor's Name Po Box 1270 Number Street Newark, NJ 07101-1270 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$3,000.00

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ JOSE LUIS REYES AYALA
 Signature of Debtor 1

X /s/ CHIARELIS RIVAS TORRES
 Signature of Debtor 2

Date 10/24/2024
 MM / DD / YYYY

Date 10/24/2024
 MM / DD / YYYY

